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WARRINGTON RURAL DISTRICT COUNCIL

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ANNUAL REPORT

ON THE WORK OF THE
PUBLIC HEALTH
DEPARTMENT

FOR THE YEAR 1956

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WARRINGTON RURAL DISTRICT COUNCIL

ANNUAL REPORT FOR THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1956

TO THE CHAIRMAN AND MEMBERS,
WARRINGTON RURAL DISTRICT COUNCIL.

MR. CHAIRMAN, MADAM AND GENTLEMEN,

I have the honour to present in the following pages my Report on the state of the public health of the District for the Year 1956 : this Report follows closely the pattern of previous ones, and embodies, in addition to statistical and other matters concerned with the " environmental health " of the area, an account of the working of the Local Health Authority's " personal health " services, resulting from the provisions, in the main, of the National Health Service Act, 1946, of enactments concerned with National Assistance and Welfare, the care of deprived and neglected children, and other ancillary matters. Information on these services must obviously be made available before a comprehensive assessment of the overall " health " of the District can be made and the work of each Authority, in its own particular sphere of action being complementary to that of the other.

Consideration of the year's vital statistics shews on balance little appreciable or significant change. As Members will be aware, certain of these figures and rates are now generally accepted as indices of the general state of well-being of a community : these are, particularly, the live-and-still-birth rates, the infant and neo-natal mortality rates, and the maternal and general death rates. Taking these in sequence, the " crude live-birth rate," at 12.5 per 1,000 population, is slightly lower than that for the three previous years, and the quinquennial mean figure for the five years 1951—1955 inclusive, which stands at 12.7 per 1,000. The " adjusted live-birth rate," of 15.6 per 1,000, is not materially different from the comparable crude rate for England and Wales, which is 15.7 per 1,000. The still-birth rate, at 15 per 1,000 total (live and still) births, shews on the other hand a welcome improvement on last year (24 per 1,000 total births), and also on the quinquennial mean of 21 per 1,000 :

expressed as a rate per 1,000 population, the local still births shew 0.19 per 1,000, as compared with 0.37 per 1,000 for England and Wales as a whole. The infant mortality rate, of 31 per 1,000 live births, is less satisfactory than was the case last year, (when however there was a record low figure of 25 per 1,000) but is the same as the quinquennial mean for the District. The rate for England and Wales however, is again a new low record (23.8 per 1,000), so there is still room for improvement in our local figures : and our neo-natal death rate, (of infants during the first four weeks of life), which stands this year at 20 per 1,000 live births, is still above the comparable rate for England and Wales of 16.9 per 1,000. But the maternal death rate is NIL : this is the rate, usually expressed as per 1,000 total births, due to causes related, directly or indirectly, to pregnancy and parturition. In England and Wales this overall rate per 1,000 total births is 0.56.

The general overall crude death-rate, of 9.4 per 1,000 population although rather better than in 1955 (9.5 per 1,000) is yet less satisfactory than the quinquennial mean (8.0 per 1,000) for the five previous years. Although to some extent this can be attributed to the increasingly greater proportion of older people as the expectation of life increases, the position is not paralleled in the death-rate for the Country as whole, in which the current (1956) figure is 11.7 per 1,000, as compared with a quinquennial mean of 11.6 per 1,000. Consideration of the adjusted local rate, however, at 10.4 per 1,000, shews that this is still favourable in comparison with the figure for England and Wales.

Analysis of the principal causes of death shews little change from the findings of the last few years. Diseases of the heart and circulation, inclusive of vascular lesions of the nervous system (Strokes) account for no fewer than 161 deaths out of a grand total of 338 from all causes—a proportion of almost one half (48%). Of these, 36 were in fact due to strokes, 33 to disease of the Coronary arteries, and 85 to other types of heart disease. Although this proportion of the total deaths is rather lower than was the case last year, one cannot help the impression that even this is probably an over estimate : in so many types of illness having a fatal issue the terminal condition arises from heart failure, rather than from the initial disease, which nevertheless is basically the “ cause of death ” in the first instance. Despite the improved methods of certification which have followed the international classification of diseases and causes of death, there still exists a considerable possibility of error in certification. The sex distribution of Strokes (36) during the year has been somewhat unusual in shewing a preponderance of female deaths (20 to 16) : usually males predominate. Coronary disease, on the other hand, with a total of 33, exhibits the usual sex distribution, and a male majority of 21 to 12. Next in sequence as a cause of death comes the dreaded enemy of our modern civilisation—Cancer : the total here of 52, contributing more than one death in

every seven, shews rather more males than females, in the rate of 29 to 23. Of the 29 males, 8 were due to cancer of the stomach, and an equal number to cancer of the lungs or bronchi, whereas only 3 of the 23 female deaths were due to the latter cause. In males, then, cancer of the lungs and/or bronchi was responsible for 27% of the total cancer male deaths, but for only one half of this proportion (13%) in females. The general cancer rate in the Community, although rather higher this year than last (15.4% of all deaths and 1.44 per 1,000 population) is not materially above the quinquennial means of 15.4% and 1.26 per 1,000 respectively. But cancer of the lungs and bronchi—a disease of very great topical interest, to both professional and lay persons alike—has shewn an increasing incidence as a cause of death: this year's total of 11, and last year's of 9, shew a mean of 10 deaths per year as against 6.4 per year for the previous five years. In third place as a cause of death, tying with a very heterogeneous group of "other defined and ill-defined diseases," comes the group of respiratory diseases, excluding cancer and tuberculosis, but including 2 cases of Influenza. Each of these groups contributed 35 to the total death roll, a proportion of one death in every ten. Next come the deaths resulting from some form of violence, 21 in all, or one in every sixteen. Of these just on three quarters (15) were due to accidents, (7 involving motor vehicles), and 6 to suicide: so that contrary to the general popular belief, partly induced by road safety publicity, more fatalities result from accidents *not* street accidents than from such accidents—a finding in which the local evidence is borne out by experience over the whole of the country. In other words, fatal accidents in the home and at work outnumber those which occur in the streets. Here, as in so many things, it is imperative to view all the evidence impartially, and to retain a due sense of proportion.

Turning next to the incidence of notifiable disease (which term of course includes Tuberculosis), the year 1956, despite its very poor weather record—or perhaps because of it—shews a total of only 174 cases—the lowest for many years. Measles, after a frank epidemic of 480 cases in 1952, has shewn a steady decline in incidence since, and during the current year only 53 cases were notified, as compared with a quinquennial mean of 273. But we must certainly beware of false hopes here, because experience has taught that as the percentage of susceptible children—(those not protected by having suffered the disease)—rises in any population, so the danger of a heavy epidemic increase: therefore next year (1957) may well constitute a high record. Rather unusually—because although notifiable as a primary condition, pneumonia is not usually conceived as a notifiable disease—this illness is next in order of frequency to Measles, a total of 44 cases being notified: next comes Scarlet Fever (31 cases), respiratory tuberculosis (18 cases), Whooping Cough (16 cases), Non-respiratory tuberculosis (5), Poliomyelitis (3), Erysipelas (3) and Enteric fever (1). 13 cases of pneumonia, and 8 of tuberculosis (all forms) had fatal issues. None of the polio-

myelitis cases was fatal : and there were no cases of Meningitis, food poisoning, puerperal pyrexia, or, of course, of diphtheria.

Consolidations and improvements still required to maintain and improve environmental conditions I would put in the following order. Firstly, more new houses, and the repair and renovation of those in which it is still possible, at reasonable expense, to attain reasonable sanitary standards of accommodation. With this, of course, goes the demolition or clearance of unfit houses and areas. Secondly—and one might well expect some criticism of this opinion—the expedition and completion of main drainage and sewerage schemes for both of the developing eastern and western sections of the district—Woolston and Padgate, and Sankey, Penketh and Cuerdley. Here again, as a corollary achievement will materially improve the present appalling pollution of streams and watercourses by effluents—if such they can be called—from the septic tanks of individual houses and tanks receiving the discharge of larger tanks serving groups of relatively new dwellings. Thirdly—improved control of refuse tips—which in their present state—largely as the result of labour recruitment difficulties—are frankly unsatisfactory. From the aspect of the County Council's "personal" services, the two "all purpose Clinics" mentioned in my Report for 1955 are still needed badly, although possibly the Woolston area may soon be served in this way.

One important innovation of the "personal services" during the current year has of course been the poliomyelitis vaccination scheme, using the British type of vaccine, a modification of the American "Salk" vaccine, which had so much unfortunate publicity as the result of one—only one—faulty batch used in America. Further details of the work carried out under this scheme are given later in the text of this Report.

This introduction would not be complete if I did not express to you Mr. Chairman, and to each Member of the Health Committee, my thanks for your close and sustained interest during the year, and for your support in the exercise of my official duties. Likewise must I express my sincere appreciation of the co-operation of my fellow Officers in all Departments of the Council's service : I have at all times had their cordial and unstinted assistance when required. Finally, to my Colleagues in the Health Department, particularly to the Chief Public Health Inspector, Mr. Morrison, I offer my gratitude for loyal conscientious and efficient day-to-day operation and control of those ever-necessary, now-taken-for-granted, but utterly vital sanitary services without which the health and welfare of the people just could not be sustained. Pure food, pure water, pure air, the safe collection and sanitary disposal of wastes of all kinds, must still be the basis of sound environmental hygiene, despite the undoubted fact that today—if we except perhaps the pure air—they are all regarded almost as natural phenomena—as the rights

of a civilised community. So they are—but night and day those rights must rigidly and strenuously be guarded and maintained. Expansion and extension—it is right that these should be. Such is the course of progress as knowledge accumulates : but the ground won, and the knowledge gained by our predecessors in the Public Health field must also be held against complacency, and that familiarity which is all too prone to breed contempt.

I am,

Mr. Chairman, Madam and Gentlemen,

Your obedient servant,

A. C. CRAWFORD,

MEDICAL OFFICER OF HEALTH.

SECTION I.

PHYSICAL CONDITIONS AND GENERAL DESCRIPTION.

The Warrington Rural District is situate in the South-west of the County of Lancaster. It is bordered on the North by the districts of the County Borough of St. Helens and the Urban Districts of Newton-le-Willows and Golborne ; to the East is the Urban District of Irlam, and on the West is the Rural District of Whiston and the Borough of Widnes. The southern boundary, which is also the County boundary, is the Manchester Ship Canal, and the northern perimeter of Warrington County Borough.

The area of the district is approximately 35 square miles, being 14 miles from east to west, with a narrow waist of about two miles in the centre between Warrington and Newton, broadening to an average width of about six miles.

Agriculture is the principal occupation in the area, but there are in the more urban parishes a variety of industries, including tanning, light engineering, brewing, brick making and paint manufacture.

The area is, as a whole, comparatively low-lying with only a gentle undulation to relieve the otherwise flat landscape. The fall of the land is to the south, with the streams and brooks discharging into the River Mersey, which winds its way across the southern portion of the district only slightly to the north of the Manchester Ship Canal.

DISTRICT STATISTICS.

Area (acres)	22,733
Estimated population, 1956	36,130
Number of inhabited houses and flats	7,480
Rateable value	£298,259
Sum represented by a 1d. rate.....	£1,493
Births assignable to district	450
Deaths assignable to district	338
“ Natural increase ”	112

SECTION II.

VITAL STATISTICS.

BIRTHS :	M.	F.	Total
Live Births—Legitimate	248	190	438
Illegitimate	9	3	12
	<u>257</u>	<u>193</u>	<u>450</u>

Live Birth Rates—"Crude" 12·5 ; "Adjusted" 15·6 per 1,000 Population ; Comparability factor 1·25.

The "adjusted" Live Birth Rate is the "Crude Live Birth Rate" after adjustment by a comparability factor supplied by the Registrar General.

	M.	F.	Total
STILL BIRTHS	3	4	7

Still Birth rate—15 per 1,000 total (Live and Still) Births.

DEATHS :	M.	F.	Total
General	186	152	338

Death Rates—"Crude" 9·4 ; "Adjusted" 10·4
Comparability factor 1·11.

The "Adjusted" Death Rate is the "Crude" Death Rate after adjustment by a "comparability factor" supplied by the Registrar General.

INFANT DEATHS (Deaths of Infants under 1 year of age) :

Total Infant Mortality Rate—31 per 1,000 live births.

	M.	F.	Total
Infant Deaths	11	3	14

Infant Mortality Rate of Legitimate Infants—31 per 1,000 live births.

Infant Mortality Rate of Illegitimate Infants—Nil.

NEO-NATAL MORTALITY :

Deaths of Infants under 4 weeks—9.

Neo-natal mortality rate—20 per 1,000 total live births.

MATERNAL DEATHS—Nil.

Maternal Death Rate—Nil per 1,000 total births.

VITAL STATISTICS—COMPARATIVE TABLE

YEAR	LIVE BIRTHS		DEATHS (ALL CAUSES)		STILLBIRTHS		MATERNAL MORTALITY		INFANT MORTALITY			CANCER MORTALITY			
	No. regis- tered	Rate per 1,000 popu- lation	No. regis- tered	Rate per 1,000 popu- lation	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	TOTAL		NEO-NATAL		No. of deaths regis- tered	Rate per 1,000 popu- lation	Per- centage of all deaths
									No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births			
1956	450	*12.5	338	*9.4	7	15	Nil	Nil	14	31	9	20	52	1.44	15.4
1955	439	*12.7	329	*9.5	11	24	1	2.22	11	25	9	21	46	1.33	13.9
1954	464	*12.9	331	*9.2	6	13	Nil	Nil	14	30	11	24	55	1.5	16.6
1953	481	12.8	331	8.8	10	20	Nil	Nil	14	29	9	19	54	1.4	16.3
1952	455	11.6	225	5.7	16	34	Nil	Nil	14	31	9	20	35	0.9	15.5
1951	487	13.6	241	6.7	7	14	Nil	Nil	19	39	9	18	35	1.0	14.5
Average 5 years 1951—1955	..	12.7	..	8.0	..	21	..	0.4	..	31	..	..	45	1.26	15.4

-ADJUSTED

Live birth-rate (comparability factor, 1.25) @ 15.6 per 1,000
 Death-rate (comparability factor, 1.11) @ 10.4 per 1,000

COMPARISON OF BIRTH RATES, DEATH RATES AND ANALYSIS OF MORTALITY AND MORBIDITY.

	Warrington Rural. 1955.	England & Wales. 1956.	1956.
	Rate per 1,000 population.		
BIRTHS—			
Live—Adjusted	15.9	15.6	15.7
Crude.....	12.7	12.5	
Still	0.29	0.3	0.37
DEATHS—			
All causes (Adjusted)	14.6	10.4	11.7
Typhoid & Paratyphoid Fevers ...	0.00	0.00	0.00
Whooping Cough	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00
Tuberculosis all forms	0.20	0.22	0.12
Influenza	0.00	0.05	0.06
Smallpox	0.00	0.00	0.00
Ac. Poliomyelitis & Encephalitis ..	0.00	0.00	0.05
Pneumonia	0.32	0.36	0.50
NOTIFICATIONS—			
Typhoid Fever	0.00	0.00	0.00
Paratyphoid Fever	0.00	0.00	0.01
Meningococcal Infection	0.00	0.00	0.03
Scarlet Fever	0.98	0.86	0.74
Whooping Cough	0.98	0.43	2.07
Diphtheria	0.00	0.00	0.00
Erysipelas	0.08	0.08	0.10
Smallpox	0.00	0.00	0.00
Measles	4.49	1.46	3.59
Pneumonia	0.23	1.21	0.57
Ac. Poliomyelitis (including Polio- encephalitis) : Paralytic	0.00	0.05	0.04
Non-Paralytic .	0.00	0.02	0.03
Food Poisoning	1.88	0.00	0.25
	Rate per 1,000 Live Births		
DEATHS—			
All causes under 1 year of age	25	31	23.8
Enteritis and Diarrhoea under 2 years of age	0.00	0.00	0.07
MATERNAL MORTALITY—			
Excluding Abortion	2.22	0.00	0.46
Due to Abortion	0.00	0.00	0.10
	Rate per 1,000 Total (Live & Still) Births.		
NOTIFICATIONS—			
Puerperal Pyrexia	0.00	0.00	0.26

DEATHS.

The total number of Deaths registered in the district was 263 ; 16 of these were of persons whose usual place of residence was outside the district ; these have been assigned to the areas in which they formerly resided.

91 deaths of persons normally residing in this area, but dying elsewhere, have been included in the total deaths properly assignable to this district.

CAUSES OF DEATH.

	Males	Females	Total
ALL CAUSES	186	152	338
Tuberculosis of respiratory system	7	—	7
Tuberculosis—other forms	—	1	1
Syphilis	1	1	2
Diphtheria	—	—	—
Whooping Cough	—	—	—
Meningococcal infections	—	—	—
Acute Poliomyelitis	—	—	—
Measles	—	—	—
Other infective and parasitic diseases.....	—	—	—
Malignant neoplasm, stomach	8	4	12
„ „ lung, bronchus	8	3	11
„ „ breast	—	2	2
„ „ uterus	—	—	—
Other malignant & lymphatic neoplasms .	12	14	26
Leukemia, aleukemia	1	—	1
Diabetes	—	—	—
Vascular lesions of nervous system	16	20	36
Coronary disease, angina	21	12	33
Hypertension with heart disease	3	4	7
Other heart diseases	41	44	85
Other circulatory disease	4	5	9
Influenza	—	2	2
Pneumonia	7	6	13
Bronchitis	10	7	17
Other diseases of respiratory system	3	—	3
Ulcer of stomach and duodenum	3	1	4
Gastritis, enteritis and diarrhoea	—	—	—
Nephritis and nephrosis	3	1	4
Hyperplasia of prostate	1	—	1
Pregnancy, childbirth, abortion	—	—	—
Congenital malformations	5	1	6
Other defined and ill-defined diseases	15	20	35
Motor vehicle accidents	6	1	7
All other accidents	6	2	8
Suicide	5	1	6
Homicide and operations of war	—	—	—

SECTION III.

NOTIFIABLE DISEASES DURING 1956

There were 151 cases notified during the year, excluding Tuberculosis. These tables show the number, by age groups, of Infectious Diseases notified, and the number removed to Hospital.

D I S E A S E	Total cases at all ages	Under 1	1—2	3—4	5—9	10—14	15—24	25 & Over	Total cases removed to Hospital	Cases occurring in Winwick Hospital
Scarlet Fever	31	1	2	8	11	7	2	..	14	..
Measles.....	53	2	7	9	27	3	5	..	..	..
Whooping Cough	16	3	1	3	9	..	..	..	..	..
Poliomyelitis.....	3	1	..	..	2	..	..	..	3	..
Typhoid Fever.....	1	Under 5	5—14	15—44	45—64	65 & Over			..	1
Pneumonia	44	..	..	1	..	..			..	1
Puerperal Pyrexia .....	..	..	..	..	..	..			..	..
Dysentery.....	..	..	..	..	..	..			..	..
Erysipelas.....	3	..	..	2	1	..			..	..
Food Poisoning .....	..	..	..	..	..	..			..	..

NOTIFIABLE DISEASES—COMPARATIVE TABLE

DISEASE	1956		1955		1954		1953		1952		1951		Mean of Years 51—55	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Scarlet Fever	31	..	34	..	63	..	51	..	53	..	71	..	54	..
Diphtheria	53	..	155	..	198	..	239	..	480	..	293	..	273	..
Measles	16	..	33	..	1	..	118	..	53	..	67	..	54	..
Whooping Cough	1	..	..	..	3	..	83	..	1	..	1	..	..	..
Enteric group Fevers .....	..	..	1	..	..	..	..	..	13	..	57	..	31	..
Dysentery .....	..	..	65	..	..	..	18	..	..	..	2	..	17	..
Food Poisoning .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum ..	..	..	1	..	..	..	..	..	3	..	1	..	1	..
Puerperal Pyrexia	3	..	..	..	..	..	..	..	2	..	1	1	1	..
Ac. Poliomyelitis and Polioencephalitis .....	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Meningococcal Infection ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Primary and Influenzal Pneumonia	44	13	8	11	22	15	23	13	19	6	48	8	24	10
Erysipelas	3	..	3	..	1	..	8	..	10	..	6	..	5	..
Tuberculosis respiratory ..	18	7	19	7	27	15	37	14	25	3	19	5	25	9
Tuberculosis non-respi- ratory	5	1	5	..	2	..	..	..	3	2	5	1	3	1
TOTAL	174	21	324	18	317	30	577	27	662	12	573	15	489	20

TUBERCULOSIS.

YEARS	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0 .....	..	..	..	..	..	..	..	..
1 .....	..	..	..	..	..	..	..	..
5 .....	..	..	..	..	..	..	..	..
10 .....	..	..	..	..	..	..	..	..
15 .....	..	..	..	1	..	..	..	..
20	1	1	1	..	..	..	..	..
25	1	4	1	1	..	..	..	..
35 .....	..	2	..	1	1	..	..	1
45	2	2	..	..	2	..	..	..
55	5	..	..	..	2	..	..	..
65 and upwards	..	..	..	..	2	..	..	..
Totals	9	9	2	3	7	..	..	1
Grand Totals	18		5		7		1	

CASES OF RESPIRATORY AND NON-RESPIRATORY
TUBERCULOSIS ON REGISTER AT 31st DECEMBER

YEAR	Pulmonary			Non-Pulmonary		
	Males	Females	Total	Males	Females	Total
1952	62	40	102	21	19	40
1953	81	50	131	21	19	40
1954	97	56	153	22	22	44
1955	106	58	164	24	23	47
1956	113	69	182	26	24	50

SECTION IV.

FOOD HYGIENE.

FOOD AND DRUGS ACT, 1938.

The following details of food samples taken under the above Act, have been supplied by the County Medical Officer of Health.

A total of 189 samples was obtained, consisting of 168 samples of milk (including three samples of Channel Islands milk) and 21 samples other than milk, comprising :—

1 Boric Acid Ointment	1 Plum pudding
1 Seidlitz powders (extra strong)	1 Ground almonds
2 Salt	1 Ground nutmeg
1 Cornflour	1 Ground ginger
2 Sugar	1 Ground cinnamon
5 Dried fruit	2 Bicarbonate of soda
1 Suet	1 Olive oil

The samples were reported on analysis to be genuine, with the exception of the two samples of milk which are detailed below :—

Sample No.	Type	Result of Analysis	Action Taken
S.7775	Milk	Fat 2·85%, deficient 5% fat.	Vendor notified
S.7991	Milk (Informal sample)	Fat 2·50%, deficient 16.6% fat.	Formal sample obtained, which proved genuine. Vendor notified.

FOOD PREPARING PREMISES.

All premises used for the preparation and storage of food-stuffs, grocers, butchers, ice-cream suppliers and bakehouses were inspected. While the present standard of all premises may be classified as satisfactory the new Food Hygiene Regulations, coming into force in 1956 will mean quite an increase of work in this sphere. The supervision of canteens in factories, etc., is included in Section VII of this Report.

ICE-CREAM

Number of Retail Vendors registered	27
Number of Bacteriological samples taken	45
Result of samples	Grade 1 39
	Grade 2 5
	Grade 3 1

In general it may be taken that Grades 1 and 2 are satisfactory and we thus have 1 unsatisfactory sample out of a total of 45.

There is now no ice-cream manufactured in the area, and the retailers now registered sell pre-packed ice-cream only.

MILK SUPPLIES.

Routine milk sampling has continued throughout the year for the purpose of bacteriological analysis, which aims at ensuring a general standard of purity as regards the total number of organisms which affects the keeping quality of milk (Methylene Blue Tests), the efficiency of pasteurisation processes (the Phosphatase Test) and is concerned specifically as to the presence in the samples of the bacillus of tuberculosis, the bovine species of which is of course the cause of tuberculosis diseases in bones, joints and lymphatic glands, and may also attack other organs of the body.

The results of samples submitted to various tests are :—

Raw Milk	No. of Samples	No. Unsatis.
Tuberculosis—Biological Test	3	—
HEAT TREATED MILK		
“ Pasteurised Milk ”		
Phosphatase Test	107	1
Methylene Blue Reduction Test	108	—
“ Sterilised Milk ”		
Turbidity Test	6	—

In all cases of positive results of test for tuberculosis information is forwarded to the Divisional Inspector of Ministry of Agriculture who arranges for veterinary inspections to be carried out at the farms concerned.

Licences issued under the Milk (Special Designation) Regulations were as follows :—

Designation	Regulations	Type of Licence	No. Issued.
Tuberculin Tested	Milk (Special Designation) Raw Milk Regs. 1949.	Dealer's	12
Tuberculin Tested	do.	Supplementary	9
Pasteurised	Milk (Special Designation) (Pasteurised & Sterilised Milk) Regs. 1949	Dealer's	10
Pasteurised	do.	Supplementary	8
Pasteurised T.T.	do.	Dealer's	7
Pasteurised T.T.	do.	Supplementary	5
Sterilised	do.	Dealer's	36
Sterilised	do.	Supplementary	1

INSPECTION OF MEAT AND OTHER FOODS.

The bulk of this work continues at a Bacon factory where line dressing is in progress and which places on the Inspector a responsibility which has to be resolved within probably no more than one minute. This duty is exacting and demands both mental and physical output which is not generally appreciated.

Carcases inspected and condemned.

	Cattle, Calves			Pigs			Sheep		
	1954	1955	1956	1954	1955	1956	1954	1955	1956
Number killed (if known) ..	Nil	Nil	Nil	49,557	52,198	53,925	Nil	Nil	782
Number inspected.....	Nil	Nil	Nil	49,557	52,198	53,925	Nil	Nil	782
All diseases, except T.B. :									
Whole carcases condemned..	Nil	Nil	Nil	24	52	38	Nil	Nil	Nil
Carcases of which some part or organ was condemned..	Nil	Nil	Nil	2,576	2,402	2,073	Nil	Nil	14
Percentage of the number inspected affected with disease other than T.B. ..	Nil	Nil	Nil	5.2%	4.7%	3.9%	Nil	Nil	0.17%
Tuberculosis only :									
Whole carcases condemned..	Nil	Nil	Nil	169	142	155	Nil	Nil	Nil
Carcases of which some part or organ was condemned..	Nil	Nil	Nil	1,062	868	1,134	Nil	Nil	Nil
Percentage of the number inspected affected with Tuberculosis	Nil	Nil	Nil	2.5%	1.9%	2.3%	Nil	Nil	Nil

OTHER FOOD-STUFFS CONDEMNED.

Of the food inspected the following was voluntarily surrendered. This class of food-stuff is examined on special request or in the course of routine visits to food premises.

64 tins fruit.
 221 tins meat.
 227 tins vegetable.
 2 tins milk.
 28 tins soup.
 924 lbs. biscuits.
 72 lbs. coffee.
 33 lbs. tea.
 54 lbs. jam.
 4 lbs. yeast.
 59 lbs. oatmeal.
 6 lbs. rice.
 2 lbs. suet.

SLAUGHTER OF ANIMALS ACT, 1933 TO 1954.

There are 20 Slaughtermen holding licences granted by this Authority.

SECTION V.

HOUSING.

The number of inhabited houses and flats in the area is gradually rising and now totals 7,478. New construction is gaining pace and shows a most creditable increase since 1953, an increase which is due to private developers. The average number of houses completed by the Council each year since 1948 is 81 and this year private houses completed number 225.

Under the Housing Act 1949 and Housing Repairs and Rents Act, 1954, 17 applications were made for financial assistance for the improvements of housing accommodation and £1,949 was granted for this purpose. It is significant that these applications are, in the main, made by owner/occupiers. The number of cases qualifying for an increase of rent consequent on houses being put into a good state of repair was insignificant.

There were submitted to the Minister proposals for dealing with houses which appeared to be unfit for human habitation. A figure, based on preliminary inspections of 195 is being taken as a target and 31 houses were either closed or demolished as part of this programme.

A survey of the applications for Council houses reveals that the number of families who "need" houses from a Public Health aspect is a small fraction of the total.

The vast majority of houses were erected after 1919, and the number of really bad houses is comparatively low, but the rehousing problem is still difficult.

New Council housing developments are extremely hampered by the lack of sewerage facilities and until such facilities exist considerable embarrassment must occur in certain parishes.

NEW HOUSES ERECTED.

	Prefabricated			Traditional		
	Temporary.		Permanent.	Permanent		
	1954	1955	1956	1954	1955	1956
Local Authority	Nil	Nil	Nil	88	87	57
Other bodies and persons	Nil	Nil	Nil	73	112	225

CARAVANS.

Under the Public Health Act, 1936, Local Authorities may grant Licences to persons to allow land occupied by them to be used as a site for caravans or to a person to permit him to occupy a caravan. There are special exceptions, but in general this may be taken to be the rule.

Standard conditions for site licences are in force and 2 sites are licensed. Personal licences were issued in 69 cases and the extent of this particular duty may be gauged by the fact that no less than 476 visits were made by Inspectors.

The following conditions are enforced in the case of personal licences :—

1. Provide suitable and sufficient sanitary accommodation.
2. Provide a suitable dustbin for the storage of refuse.
3. Provide an adequate water supply.
4. The waste water to be discharged over a trapped gulley connected to a suitable soakaway. The gulley to be surrounded with an area of cement concrete.
5. The Caravan to be sited on a hard standing.
6. The Site to be kept in a clean and tidy condition.

The use of a moveable dwelling in this area is purely for housing purposes ; either because permanent housing accommodation is required, or the occupier prefers to live in a caravan, or housing accommodation is required for a temporary period only. Fortunately, the bad type of occupant and the number of structurally unsatisfactory vans have been kept to a minimum by vigorous action.

INSPECTION OF EXISTING PROPERTIES.

INSPECTION OF DWELLING-HOUSES DURING THE YEAR.

1. (a) Total number of dwelling-houses inspected for housing defects (under Public Health and Housing Acts) 428
- (b) Number of inspections made for the purpose..... 1,542
2. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 34

3. Number of dwelling-houses (exclusive of those referred to under the preceeding sub-head) found not in all respects reasonably fit for human habitation.....	235
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REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	122
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ACTION UNDER STATUTORY POWERS DURING THE YEAR.

(a) *Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936 :*

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notice :—	
(a) By Owners	Nil
(b) By Local Authority in default of owners	Nil

(b) *Proceedings under Public Health Acts :*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	73
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By Owners	54
(b) By Local Authority in default of owners ..	2

(c) *Proceedings under Sections 11 and 13 of the Housing Act, 1936 :*

(1) Number of dwelling-houses in respect of which Demolition Orders were made	30
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	7

(d) *Proceedings under Miscellaneous (General Provisions) Act, 1953*

	19
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LEGAL ACTION.

<i>Case</i>	<i>Nuisance</i>	<i>Court decision.</i>
No. 1	Trespassers on Tip	8th February, Fined 5/- each person.
No. 2	Various	18th April, Nuisance Order granted Fined £2. Work to be completed within 6 weeks.
No. 3	Various	7th November, Case adjourned for 2 weeks. 21st November Case withdrawn—work completed.
No. 4	Various	7th November, Case adjourned for 1 month. 5th December, Case withdrawn—work completed.
No. 5	Roof	19 December, Nuisance Order granted. Fined £1, Work to be completed within 21 days.

SECTION VI.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

A piped supply of water extends throughout the area, with the exception of some isolated farms and cottages. The principal supplier is Warrington Corporation, but a small area of Cuerdley parish is supplied by Liverpool Corporation.

In general the supply is good both in quality and quantity, but serious shortages have occurred from time to time in Burtonwood, Great Sankey and Padgate.

Efforts have been made by the Warrington Corporation to increase the supply in these particular parishes but not entirely with success.

The number of houses without a proper supply of water within the house is gradually being reduced and the table below indicates how small these cases now are.

From Public Mains				From Private supplies, e.g. wells, springs, etc.	
PARISH	Direct to houses	By means of stand pipe			
	No. of dwelling houses	No. of dwelling houses	No. of population	No. of dwelling houses	No. of population
Burtonwood	751	2	8	3	10
Croft	444	..	..	1	3
Cuerdley	45	..	..	..	..
Penketh	1,282	..	..	..	..
Poulton	1,607	..	..	2	4
Rixton	560	..	..	1	3
Sankey	1,572	1	3	..	..
Winwick plus Mental Hospital	470	1	3	..	..
Woolston	886	..	..	..	..
Totals	7,617	4	14	7	20

RIVERS AND STREAMS.

The area is traversed from north to south by two main streams—the Sankey Brook and the River Glaze. Across the southern boundary runs the River Mersey, the eventual outlet for these streams. There are several smaller brooks winding through the area, but none of any particular note.

The fact that these brooks exist seems to have provided a wonderful opportunity for building development—a ready-made drainage system to hand. The rapid development of the area since the middle twenties has now changed these brooks into open sewers.

The development of proper sewerage systems are required to remove the extensive pollution and, until this occurs, then our rivers and streams will remain as such in name only.

DRAINAGE AND SEWERAGE.

The drainage from over 70 per cent. of the properties in this area consists of treatments in a septic tank with a subsequent discharge of the effluent into the nearest ditch or stream.

The cleansing of these septic tanks and ditches is carried out by the Surveyor's Department by means of a mechanical cesspool emptier. In general, efforts are made to cleanse each tank once each twelve months and this is done as a charge on the rates.

The provision of a new sewer from Chapel Lane, Burtonwood, to the Sankey Valley sewer has meant that one small works has become redundant and what had become in fact a nuisance removed. A small settling tank and circular filter deals with an estate in Glazebrook, but, again, the effluent is unsatisfactory. A small treatment works dealing with effluent from a Council housing estate has been gradually improved although its position leaves much to be desired; regular maintenance has kept it free from nuisance. The remaining sewage drains via septic tanks of varying size and construction to the open sewers, i.e. the streams.

Several schemes are in hand for the sewerage of the more urbanised parishes.

A scheme for the parishes of Poulton-with-Fearnhead and Woolston is in progress, but it will be some years before completion.

A revised scheme for Penketh and Great Sankey has been approved and it is hoped that a general starting date will soon be fixed. At present sewers are being laid only in those highways which are due for improvement.

With the exception of the treatment works the Sankey Valley scheme is now almost completed. A main drainage scheme has commenced in Winwick. At Croft a scheme is being developed for the existing and proposed Council estate together with the central area of the village proper. Burtonwood and Collins Green will be improved immeasurably by schemes for the extension and improvement of sewers with outfalls into the Sankey Valley scheme, which

are now being completed. A sewage treatment works scheme is being prepared for the Hollins Green area of Rixton.

The next few years will show a big change in sewerage facilities and the completion of the schemes now in hand and envisaged will see the fruition of many years hard work.

PUBLIC CLEANSING.

The collection and disposal of refuse, together with its ancillary functions by the Local Authority, is under the control of the Chief Public Health Inspector. The collection service, which is weekly, is carried out by special-type refuse vehicles, with loaders' cabs. Due to the fairly long distances that machines have to travel from the depot, the inclusion of the loaders in the driver's cab is obviously a desirable feature. Certainly the weather protection and additional safety provided appear to be thoroughly appreciated by the workmen.

The collection of pail contents is carried out weekly by a similar machine. A detachable tank is mounted on rollers inside the body, a method which simplifies both loading and unloading. Supplies of both liquid and powder disinfectants are carried in order that pail compartments and pails may be treated as required. This procedure is far from satisfactory, but is probably as effective as any other under the circumstances. The only solution to this problem is the conversion of the pail closets as rapidly as possible to a water-carriage system.

All workmen are provided with protective clothing, and although this provision is by no means cheap, yet it is a feature that is now a necessity if workmen are to be encouraged to engage in this class of work.

The provision of dustbins and sanitary pails is carried out by the Local Authority as a rate charge and enables unsatisfactory bins and pails to be replaced with the minimum of delay. The storage of refuse at the home, pending collection, must obviously be in a hygienic manner, and this can only be effected by the provision of a proper receptacle. B.S.S. bins are purchased in bulk and delivered weekly. Weekly reports are received from each driver, of the bins and pails requiring replacement, the addresses are checked in a card index file, the bin or pail is inspected, and delivery receipts are signed by the householder. Where a bin is being mis-used, a visit is paid by an inspector, when the householder is warned that they will be held liable for replacement. Three sizes of bins are issued— $3\frac{1}{4}$, $2\frac{1}{2}$ and 2 cubic feet, the size of bin being decided by the type of house and size of family.

A scheme for the quarterly inspection of vehicles by a sub-committee at which points are awarded for maintenance and cleanliness has provided a competitive spirit in this work, and the monetary prizes awarded appear to take second place to the pride which the winning driver takes in his achievement. This scheme has raised vehicle care and maintenance to a higher level and ensures that each driver becomes fully cognizant of what is required of him.

The disposal of dry refuse takes place at several tips throughout the area, and, although sometimes they are not as "controlled" as one would wish, they are a decided improvement over past methods of disposal. A Howard Bulloader is used to excavate, soil and cover the tipping sites. Wire netting screens are provided to prevent nuisance by blowing paper, and all reasonable steps are taken to ensure that the sites are satisfactory.

The gradually-increasing number of houses of the semi-detached and detached type, and the conversion of hostel sites into flats has, because of long carries, considerably increased the collection time since the end of the war. A special twice weekly collection of refuse is made from certain hostel sites. For these additional services a special charge is made.

STATISTICS :

Machines employed—

Karrier Bantam with "Derby" body	2
Karrier CK.3, with "Derby" body	3
Karrier CK.3, Refuse Collector, with standard steel body	1
Karrier Gamecock	1
Commer van	1
Trailers	3
Platypus Tractor	1

Workmen—

Number of Drivers	8
„ „ Labourers, all classes	24
Foreman	1

Dustbins and Pails—

Number of Dustbins provided	498
„ „ Pails provided	145

Income from Trade Refuse collections :—

£344 16s. 6d.

SALVAGE.

The direct collection of Salvage has been confined solely to waste paper and cardboard. Due to the scattered nature of the area and the number of tipping sites, it is not considered that other materials could be separated and sold at a profit.

The collection of waste paper is made by means of large, covered trailers behind a refuse collection vehicle. The provision of a smart trailer serves a two-fold purpose—a good advertisement, and, secondly, an eminently suitable collection method.

Shops and large business premises are visited once each week by a special vehicle. The sorting of paper at tips is not as thorough or as satisfactory as one would wish, due to the soiling of paper after mixing with household refuse.

STATISTICS :

The amount of waste paper sold during the last three years was as follows :—

	tons	cwts.	qrs.		£	s.	d.
1954	297	3	0	....	2,270	7	4
1955	320	9	3	....	2,880	6	4
1956	360	0	3	....	2,967	3	6

A bonus is paid to workmen on the weight of paper collected each month above a fixed datum figure. Salvage prices have continued to fluctuate. This trend has enabled only a reasonable income to be obtained, in spite of the fact that this is the highest amount of paper ever collected.

RODENT CONTROL.

The recommendations of the Ministry of Agriculture and Fisheries are pursued in this sphere of work. One operative is engaged whole-time and one part-time, and the methods used are those recommended by the Ministry. Both the operative and the general foreman have undertaken special instruction courses organised by the Ministry.

All Local Authority's properties, refuse tips, sewerage works, etc., were regularly inspected and treated. The sewers and sewer ditches were test-baited and treated where necessary.

On private properties treatment is carried out by agreement. Private houses are charged where the costs are recoverable, but all business premises are charged the full cost of treatment. The two offensive trade factories are both classed as areas of reservoir infestation, and both have private contracts in force with service operators.

This work is now the duty of a Local Authority, and effective measure must be undertaken to ensure that the rat population is kept to a minimum. The interest of the Central Authority is obvious by the fact that a 50 per cent. grant on approved expenditure is obtained from the Ministry of Agriculture and Fisheries.

STATISTICS :

The number of infestation treatments were as follows :—

	Major.	Minor.
Business premises	1	13
Private dwellings	—	106
Local Authority	—	13

In addition, 89 manholes were test-baited.

SMOKE ABATEMENT.

Regular observations have been made of all factory chimneys for smoke emission. No serious problem is created in the area, but where necessary informal steps have been taken to bring to the notice of the management the nuisance being created. It is pleasing to note that in this branch of work pleasant and effective relations are maintained with the factory managers, so that formal proceedings have been completely unnecessary.

VERMINOUS AND FILTHY PREMISES.

The days when the serious infestation by bugs, of numbers of houses, seem to have gone, certainly so in this district. The residual toxicity of D.D.T. seems to have provided a long-awaited answer to the problem. Very few houses required treatment and, of these, the infestations were not heavy.

OFFENSIVE TRADES.

There are two offensive trades in the area, both of which require considerable supervision. The trades carried out are fat extraction, bone boiling, and glue making. One factory is also combined with a Knackers' yard and produces pet foods.

Control is exercised by means of issuing quarterly licences only to each factory. This procedure is considered more effective than the issue of statutory notices.

To prevent flies, each factory carries out spray patrol, whereby the whole of the premises are treated with D.D.T. insecticides. This system has proved of marked benefit.

Premises in Risley, used for breeding maggots for use as fish bait, not legally an Offensive Trade, have been regularly visited to ensure that a reasonable standard of cleanliness and control is maintained.

This class of work takes up a surprising amount of inspectorial time, particularly in the warmer months of the year, and yet it is only by maintaining regular and continued visits that satisfactory results are obtained.

SANITARY ACCOMMODATION OF HOUSES AND SCHOOLS.

The fact that the majority of houses in the area are of comparatively modern construction, and that ditches and streams were available for the discharge of effluents has, in spite of the lack of sewerage systems, been responsible for the majority having water closets with treatment by means of a septic tank. Over 70 per cent. of the houses in the district are so fitted. The remaining number are provided with pail closets.

Work is in hand to connect sewers in the central areas of Burtonwood and Collins Green to the Sankey Valley sewer and as the work required is comparatively small energetic action should enable pail closets to be converted to water carriage in the early future.

The sewerage scheme in Poulton and Woolston is not yet at such an advanced state of development when the question of conversions can be considered.

SECTION VII.

INDUSTRIAL AND COMMERCIAL CIRCUMSTANCES.

FACTORIES ACT, 1937.

There are now 39 factories registered in the area, the principal ones being engaged in tanning, light engineering, wire-rope making and brewing. Routine inspections have been made and the attention of H.M. Inspector of Factories has been drawn to matters within his jurisdiction.

Particular attention has been paid to the standards of hygiene practised in the canteens. Some of these are maintained and run to the highest standards, but in others, constant supervision is necessary. A special approach is made to each manageress and staff to ensure that scrupulous attention is paid to personal hygiene. Circulars and posters have been provided for use within the canteens and kitchens.

Good co-operation has existed with all factory managements and in no case has there been any necessity for statutory action on any of the matters for which the Local Authority is responsible.

SHOPS AND OFFICES.

Certain duties in the inspection of shops devolve on this Authority and certain others on the County Council. The inspectoral duties of the County Council have now been delegated to this Authority. The procedure is for half-yearly reports to be sent to the County on the matters for which it holds responsibility for action to be taken where necessary. It is unfortunate that this procedure tends to discourage the Inspector concerned from taking more than a cursory interest in this sphere of work.

It has not been found necessary to take statutory action to secure any of the requirements under the purview of this Council, all recommendations having been dealt with informally.

PETROLEUM AND CARBIDE STORAGE.

The number of Licences issued for the storage of Petroleum and Carbide of Calcium are as follows :—

Number of Licences to store Petroleum	63
„ „ gallons of storage capacity	72,810
„ „ Licences to store Carbide	2
Total amount of Carbide permitted	lbs. 1,344
Number of Licences to store other spirits	5

Total amount of Fees paid :—	£	s.	d.
Petroleum	42	5	0
Carbide of Calcium	0	15	0
Cellulose	1	5	0
	<hr/>		
	£44	5	0
	<hr/>		

The renewal of licences for the storage of petroleum and carbide is at the end of each year and it has not proved possible to carry out as many inspections as one would wish. These have been confined to new premises and the testing of underground storage tanks at the older petrol stations.

MEANS OF ESCAPE IN CASE OF FIRE.

Inspections have been carried out under the Public Health Act 1936 and the Factories Act 1937 to ensure that adequate means of escape in case of fire are provided to the type of premises controlled. Owing to the frequent changes which take place in factory organisations, these inspections and the preparation of certificates involve your Inspectors in a considerable amount of work.

Number of Certificates issued.....7

SECTION VIII.

SUMMARY OF SANITARY INSPECTOR'S VISITS

1956

Water supply	86
Drainage	835
Stables and Piggeries	16
Offensive Trades	84
Fried Fish Shops	10
Tents, Vans and Sheds	476
Factories	36
Workplaces	3
Bakehouses	5
Licensed Premises	27
Refuse Collection	434
„ Disposal	208
Defective Bins	648
„ Pails	102
Rats and Mice	224
Atmospheric pollution	11
Schools	58
Shops Act	291
Salvage	188
Petroleum	24
Housing Applications and Visits	364
Means of Escape in Case of Fire	10
Improvement Grants	19
Conversions	217
Miscellaneous	272

UNDER PUBLIC HEALTH ACTS.

Number of houses inspected	312
Visits paid to above houses	1,266

UNDER HOUSING ACTS.

Number of houses inspected	118
Visits paid to above houses	276

OVERCROWDING

Number of houses inspected	8
Visits paid to above houses	12

VERMINOUS PREMISES

Number of houses inspected	7
Visits paid to above houses	7
Miscellaneous Housing Visits	79

INFECTIOUS DISEASE

Inquiries in cases of Infectious Disease	41
Visits <i>re</i> disinfection	15
Miscellaneous Infectious Disease visits	10

INSPECTION OF MEAT AND OTHER FOODS.

Visits to Slaughter-houses	347
Visits to Butchers	10
„ „ Grocers	61
„ „ Greengrocers and Fruiterers	7
„ „ Dairies and Milkshops	4
„ „ Ice-cream premises	16
„ „ Food preparing premises	25
„ „ Restaurants	37
„ „ Canteens	67

Milk samples :—

Bacteriological	112
T.B.	3
Ice-cream samples	46
Miscellaneous food visits	23

SECTION IX.

PROVISION OF GENERAL HEALTH AND ANCILLARY SERVICES IN THE DISTRICT.

(1) LABORATORY ARRANGEMENTS.

Public Health Laboratory Service and County Analyst's Department.

Pathological specimens, samples of milk, food, "swabs," etc., for bacteriological investigation are dealt with by the Public Health Laboratory Service, either at the Public Health Laboratory, Mount Pleasant, Liverpool, or the Laboratory at Monsall Hospital, Monsall, Manchester. The chemical analysis of water supplies and of samples of food and drugs is undertaken at the County Analyst's Department, County Offices, Preston.

(2) HOSPITAL ARRANGEMENTS.

(Liverpool Regional Hospital Board : Warrington and District Hospital Management Committee).

The district contains no general hospitals within its boundaries, but it is, of course, well served by those within the County Borough of Warrington, the Warrington Infirmary and the General Hospital, Warrington, for both general and specialised types of cases, e.g., orthopaedic and maternity cases ; the latter type of case from the Rural District is admitted also to the Warrington Maternity Home, Victoria Park, Latchford. Cases of infectious disease (other than Smallpox) requiring hospital treatment are accommodated at the Isolation Hospital, Warrington ; cases of Smallpox, should these occur, are admitted to the special Smallpox Hospital at Rock Ferry, Cheshire, belonging to the Port of Liverpool Sanitary Authority, or to Fazackerley Hospital, Liverpool.

In addition to the above, accommodation in hospitals administered by the St. Helens and District Hospital Management Committee is not uncommonly utilised by residents in the Rural area, particularly in the County Hospital, Whiston for maternity cases. Finally, cases requiring highly specialised treatment for pediatric, orthopaedic, ophthalmic, gynaecological and ear, nose and throat defects may be admitted, by arrangement, to any of the "teaching hospitals" attached to the Universities of Liverpool or Manchester.

(3) AMBULANCE ARRANGEMENTS.

Full responsibility for the Ambulance Services to be provided under Section 27 of the National Health Service Act rests with the Lancashire County Council, as the Local Health Authority. This

Rural District, enclosing as it does the northerly boundaries of The Warrington County Borough, for its greater part is serviced by ambulances of the County Borough operating on behalf of the County Council, the parishes so served being those of Penketh, Great Sankey, Burtonwood (part), Winwick (part), Croft, Poulton-with-Fearnhead, Woolston, and Rixton-with-Glazebrook. The remainder of the district is served directly by the County Ambulance Service from the ambulance stations at Newton-le-Willows (Newton-le-Willows 2013), which deals with the northerly parts of the parishes of Burtonwood and Winwick, and at Mill Brow, Widnes (Widnes 2121), which deals with the Parish of Cuerdley.

Cases conveyed by ambulance from the Newton-le-Willows and adjoining county stations during the year totalled 1,390, of which 309 were urgent, 1081 non-urgent cases. In addition, the County Borough Ambulance Service, on behalf of the County Council, transported 212 emergency, 2,902 general and 5 infectious cases, making a total of 3,119, and a combined total of 4,509.

(4) TREATMENT CENTRES AND CLINICS.

School Health Service : School Clinics.

Schoolchildren in attendance at schools within the Rural area who require advice and treatment at a school clinic are referred to the Clinics at Widnes, Prescot, Earlestown and Cadishead, where general medical advice and treatment facilities for minor ailments, dental, ophthalmic and orthopaedic and speech defects are available. Cases requiring Child Guidance are usually referred to the Child Guidance Clinic at Huyton.

It is, however, a matter for great regret that no school clinic premises are available in the area at which special inspections could be carried out and specialist advice and treatment (ophthalmic, orthopaedic and, of course, dental) obtained. However, to give really effective cover to the district from the school health aspect would mean two clinics, one in the Penketh and Sankey and one in the Padgate and Woolston areas, and this provision can hardly be justified by the school population concerned. Both districts are, however, growing rapidly and the provision of a School Clinic at Woolston is now a near prospect.

Child Welfare Centres.

Sessions are held at the Infant Welfare Centres detailed below. At these centres medical and nursing advice is available for all infants and for children of pre-school age, also for expectant mothers, and those recently confined, in relation to matters affecting their general health. Supplies of a variety of infant foods, vitamin preparations, etc., are also available at cost price, together with

National Dried Milk, Orange Juice and Cod Liver Oil, the "Welfare Foods", formerly distributed under the auspices of the Ministry of Food. In addition, in special cases, schoolchildren may be examined and parents advised, although, of course, this is not a recognised feature of Infant Welfare Centre work.

(a) BURTONWOOD :

Methodist Sunday School, Phipps Lane.
 Medical Officer—Dr. E. T. Smiddy.
 Health Visitor in charge—Miss J. Heap.
 Sessions—Weekly, each Thursday, 10.0 a.m. - 12 noon.

(b) CROFT :

Memorial Institute, Mustard Lane.
 Medical Officer—Dr. G. Ellis.
 Health Visitor in charge—Mrs. Griffiths.
 Sessions—Fortnightly, alternate Mondays, 2.0-4.0 p.m.

(c) PADGATE :

Methodist Sunday School, Padgate Lane.
 Medical Officer—Dr. H. G. M. Bennett.
 Health Visitor in charge—Miss S. M. Hart.
 Sessions—Weekly, each Wednesday, 2.0-4.0 p.m.

(d) PENKETH :

Methodist Sunday School, Chapel Lane.
 Medical Officer—Dr. H. G. M. Bennett.
 Health Visitor in charge—Miss W. Henry.
 Sessions—Weekly, each Monday, 2.0-4.0 p.m.

(e) SANKEY :

Eagle Sports Club, Hood Lane.
 Medical Officer—Dr. H. G. M. Bennett.
 Health Visitor in charge—Miss W. Henry.
 Sessions—Weekly, Friday, 2.0-4.0 p.m.

(f) WINWICK :

Methodist Church Hall, Golborne Road.
 Medical Officer—Dr. G. Ellis.
 Health Visitor in charge—Mrs. Griffiths.
 Sessions—Fortnightly, alternate Thursday, 2.0-4.0 p.m.

(g) WOOLSTON :

Old Church of England School, Warren Lane.
 Medical Officer—Dr. H. G. M. Bennett.
 Health Visitor in charge—Miss S. M. Hart.
 Sessions—Fortnightly, alternate Thursdays, 2.0-4.0 p.m.

During the year under review the following attendances were made at the above Welfare Centres :—

Number of individual children attending :

Born in 1956	277
„ „ 1955	236
„ „ 1951—54 (mean)	313
	<hr/>
Total	826
	<hr/>

Number of attendances made by children :

Under 1 year of age	5,000
1 - 2 years of age	1,401
2 - 4 „ „	1,616
	<hr/>
Total	8,017
	<hr/>

In addition, expectant mothers made 113 attendances at these Centres.

(5) MIDWIFERY ARRANGEMENTS.

Domiciliary. One whole-time domiciliary midwife and five district nurse/midwives are engaged on this work within the Rural District in the employment of the County Council, which is both the Local Health Authority and the Supervising Authority under the Midwives' Acts. These ladies normally accept responsibility for cases residing within reasonable proximity of their homes, but the principle of the expectant mothers' free choice of midwife, (as of doctor), is well established. Each has a car at her disposal to enable her to respond quickly to urgent calls and to carry apparatus for analgesia.

The names and addresses of these ladies are :—

WHOLE-TIME MIDWIFE :

Mrs. M. A. Lawton, 21 Marina Avenue, Sankey. Tel. No. Warr. 33236.

WHOLE-TIME NURSE/MIDWIVES :

Miss L. M. Liptrot, 16 Hawthorne Grove, Paddington. Tel. No. Warr. 33664.

Mrs. T. F. McConnell, 56 Haley Road South, Burtonwood. Tel. No. Newton 3217.

Mrs. K. M. McCarron, 20 Brookside Avenue, Sankey. Tel. No. Penketh 2147.

Mrs. D. Woodward, 23 Bevin Avenue, Culcheth. Tel.
No. Culcheth 2110.

Mrs. V. M. Gibbins, 300 Padgate Lane, Padgate. Tel.
No. Warr. 34755.

A total of 165 babies were born in their own homes during the year ; with possibly one or two exceptions, their mothers were either actually delivered, or attended, by the midwives and nurse/midwives detailed above. Only one case of Puerperal Pyrexia was recorded during the year—a high tribute to the standard of midwifery displayed.

(6) HEALTH VISITING ARRANGEMENTS.

This work has been carried out by four whole-time and fully trained Health Visitors, who combine with health visiting duties those of School Nurse. These domiciliary visits, so necessary from the standpoint both of the supervision and of the health education of the families, are, of course, complementary to the work carried out at the Child Welfare Centre, as described above.

The names and addresses of the Health Visitors are :—

for Sankey, Penketh and Cuerdley :

Miss W. Henry, 38 Greens Road, Whiston, Prescot.

for Padgate and Woolston :

Miss S. M. Hart, 13 Dovedale Road, Liverpool, 18.

for Burtonwood :

Miss J. Heap, “ Maynard ” Belvedere Road, Newton-le-Willows.

for Winwick and Croft :

Mrs. E. I. Griffiths, 49 Golbourne Road, Lowton, via Warrington.

(7) HOME NURSING ARRANGEMENTS.

Home nursing is undertaken by five whole-time nurse/midwives.

The demand for their services has continued to grow during the year, and although part-time relief nurses have also assisted from time to time, an extension of the staff is contemplated within the near future. An increasing proportion of the Nurses work is made up of cases requiring “ Injections ” of various drugs and medicaments.

The names and addresses of the Nurses are :—

Miss L. M. Liptrot, 16 Hawthorne Grove, Paddington.
Phone No. : Warrington 33664.

Mrs. V. M. Gibbins, 300 Padgate Lane, Padgate.
Phone No. : Warrington 34755.

Mrs. T. F. McConnell, 56 Haley Road South, Burtonwood.
Phone No. : Newton-le-Willows 3217.

Mrs. K. M. McCarron, 20 Brookside Avenue, Sankey.
Phone No. : Penketh 2147.

Mrs. D. Woodward, 23 Bevin Avenue, Culcheth.
Phone No. : Culcheth 2110.

(8) HOME HELP ARRANGEMENTS.

This is "permissory" service provided by the County Council through No. 10 Divisional Health Committee, and is one which is not necessarily provided free of cost to the public. Its aim is to provide domestic help, when required, by reason of the presence in a household of sickness, pregnancy, mental deficiency, or to assist in the care of a child or children under school-leaving age. The service has expanded considerably and steadily as members of the public have become more fully aware of the facilities provided, and the low cost to the beneficiary, if indeed any. A very high proportion of the Service given is for the benefit of aged persons.

The Home Helps engaged are all part-time "Helps"; no whole-time workers are employed.

The Home Help Organiser, and the Assistant Home Help Organiser are :—

Organiser : Miss P. M. Butler.

Assistant : Miss M. MacLean.

Both these ladies may be communicated with at the Divisional Health Offices, Winwick. (Tel. Warrington 33144).

(9) MENTAL HEALTH ARRANGEMENTS.

The district is covered for this purpose by two full-time Authorised Officers of No. 10 Health Division and by a lady mental health worker, who deal with the various aspects of mental health, including all cases in which investigation, supervision and appropriate action is required under the Lunacy Acts, Mental Deficiency Acts and Mental Treatment Act. The names and addresses of these officers are :—

Mr. P. D. Parker, 12 Kenyon Lane, Lowton, near Warrington.

Mr. F. Griffin, Lowton House, Newton Road, Lowton.

Miss M. V. Phillips, Divisional Health Offices, The Old Rectory, Winwick.

It will be appreciated that, owing to the character of the Duly Authorised Officers' duties, whole time, twenty-four hour cover is given to this type of work.

(10) ARRANGEMENTS FOR THE PREVENTION OF ILLNESS, CARE AND AFTER-CARE (INCLUDING TUBERCULOSIS) AND THE PROVISION OF CONVALESCENT ACCOMMODATION.

(1) Responsibility for the above rests with the Local Health Authority partly on an obligatory and partly on a permissive basis ; "illness" includes mental defectiveness. The scope of such arrangements is very wide, and includes all the methods of health education and propaganda relating to health matters, health visiting in the homes, (including those of persons suffering from Tuberculosis), the provision of nursing and ancillary equipment, the after-care of patients who have suffered from illness either at home or in hospital, and the provision of convalescent accommodation and rehabilitation where this is required, to enable those recently sick to regain full health and strength.

(2) Responsibility for the supervision of cases of tuberculosis in the homes and for that of family contacts, to ensure appropriate examination and advice by the Chest Physician, now devolves on a single health visitor, covering the whole of the Rural District, and working in the closest contact with the Chest Physicians at clinics in Warrington, Widnes and Newton-le-Willows. The name and official address of the Health Visitor and details of the Chest Clinic sessions concerned with Rural District cases are given below :-

Miss M. Monks, c/o Divisional Health Office, The Old Rectory, Winwick.

CHEST CLINICS :

Warrington General Hospital—

Sessions : Tuesday evening, 5.30—7.0 p.m. ; Wednesday, 3.0—4.0 p.m. ; Friday, 9.30—10.30 a.m.

Widnes, Chapel Street—

Sessions : Monday, Tuesday and Friday ; 2.0—4.0 p.m.

Newton-le-Willows Chest Clinic, Cottage Hospital, Bradlegh Road—

Sessions : Monday, 9.0 a.m.—12 noon ; Wednesday, 9.0 a.m.—12 noon.

HEALTH EDUCATION.

As regards Health Education (a very important and essential factor in the prevention of illness), it is pertinent here to emphasise that although some responsibility for this section of preventive medicine may be accepted, (as has been the case), by the Local Health Authority, the permissive power of the Council as a Local Sanitary Authority to carry out measures of health education under Section 179 of the Public Health Act, 1936, is still extant and should, in my view, continue to be exercised.

VACCINATION AND IMMUNISATION ARRANGEMENTS.

Vaccination and Immunisation against Diphtheria are available to all who desire it for themselves or for their children, either through the family Doctor (who undertakes it at his home or at his surgery as part of his duties to the patient) or, on request, by appointment. Such services may be obtained at one of the Immunisation sessions which are held at approximately monthly intervals in schools at Great Sankey, Penketh and Padgate. Immunisation of infants and small children is also undertaken—when circumstances warrant—at the Child Welfare Centres at Burtonwood, Winwick, Croft and Woolston.

The position in regard to Diphtheria immunisation, and to Small-pox vaccination, can only be regarded with gloom and foreboding. Despite the added attraction of the practicability now-a-days of protecting small infants and young children, not only against the possible menace of diphtheria, but against whooping cough and tetanus, through the use of *only one triple purpose antigen*, there seems to be but little improvement (1%) in the proportion of children obtaining such protection (60%). Possibly this may to some extent, be influenced by the unfortunate publicity which has been given to the association between immunisation and the “provocation” of poliomyelitis of the paralytic type; but in my view it is simply the result of parental indifference and apathy which springs from failure to appreciate diphtheria as it used to present itself a generation ago. Much the same reasons, I suggest, are behind the general failure to secure protection against small-pox by vaccination. In both, however, the family doctor could do a great deal to influence parents wisely; and Medical Officers of Health, I suggest, are entitled to look to him, (or her), to do so.

During the year, a total of 298 children under 15 years of age completed the full course of Immunisation against Diphtheria of which 287 were under the age of five years. In addition to the above, 194 children all of school age, received reinforcement or “booster” injections, making a grand total of 492.

The percentage proportion of the estimated child population (under the age of 15 years) in an immunised state as at 31st December, 1956, was 60% as against a figure of 67% for the child population in No. 10 Health Division as a whole.

In contrast to the above, only 123 children under one year of age underwent primary vaccination, of which 118 were successful, and 19 persons over the age of 15 years received primary vaccination all successful. In addition to the above, a total of 39 persons were re-vaccinated, all but 3 successfully.

If one deducts from the total of 439 live births in 1955 belonging to the district the 14 infant deaths in 1956—this means that out of the 425 survivors only 123 underwent primary vaccination, or approximately one in every three babies. This dangerously low proportion can only be viewed seriously, as the figure is declining steadily as the years pass, despite the efforts of doctors, nurses, health visitors and health educationists to impress on parents the facts (1) that Small-pox is still a grave potential risk in this Country, and (2) that vaccination in the first year of life whilst conferring substantial immunity over many years, is virtually devoid of all risk. One looks here for rather more active support from the family doctor, whose attitude to this question can make the difference between success and failure.

POLIOMYELITIS VACCINATION.

A scheme of immunisation against poliomyelitis by the use of a British modification of the American Salk vaccine was introduced early in the year, in anticipation that regular, if small, supplies of the antigen would become available later. The Ministry policy was briefly, (a) to offer to the parents of children born in the years 1947 to 1954 inclusive the opportunity to “register” these children by 31st March, and (b) to proceed with the vaccination of “registered” children, having birthdays in November and March, as soon as vaccine became available : but to suspend all “vaccination” during the months June to November inclusive—the polio epidemic “period.” During the year a total of 62 registered children in the Rural District received this form of vaccination.

SECTION X.

NATIONAL ASSISTANCE ACT, 1948.

The Local Authority carrying responsibility for the implementation of Parts III and IV of this Act is the County Council, and the administrative machinery, in this case also, is on a divisional basis. The main provision, of Part III relate to the provision of accommodation both temporary and residential for persons who, are without lodging ; and to Welfare Services in general for persons handicapped by infirmities such as Blindness, Deafness, Dumbness, crippling physical defects, and other disabilities of a severe and permanently handicapping character.

The approved scheme of the County Council in regard to Welfare utilises very fully the services rendered by the various voluntary agencies already in existence prior to this legislation.

Section 47 of this Act prescribes the procedure whereby aged and infirm persons, if not receiving adequate care and attention in their own homes, may, by a Court Order, be removed to a suitable hospital following a hearing by the Court of evidence in support of a certificate issued by the Medical Officer of Health after close consideration of all the circumstances of the case : whilst the later Act of 1949 amends the original procedures to make it speedily effective in cases of urgency.

Section 50 is of importance in that it places on the County District Authority the duty of arranging for the burial or cremation of the body of any person who has died or been found dead within the district when "it appears to the Authority that no suitable arrangements for the disposal of the body have been or are being made otherwise than by the Authority."

No action under either of these sections has been called for during the year.

SECTION XI.

THE CHILDREN ACT, 1948.

In the main, this Act provides for the care and welfare of children and young persons up to the age of 18 years who for one reason or another are deprived of normal home life, and it thus has an important bearing on the mental and physical health of such children.

The County Council, which is the Local Authority for the purposes of this Act, exercises its functions through its Children's Committee and the Children's Officer, who is responsible to the Committee for the efficient administration and day-to-day operation of the service, which is carried out on a regional or area basis.

The Warrington Rural District lies administratively within the responsibility of the Children's Officer for the Leigh area ; an area newly constituted during 1953, to which Miss E. Cole was appointed as Area Children's Officer, with offices in Leigh itself. The reorganisation within the Children's Department has made possible a closer and more effective liaison between that department and my own as Divisional Medical Officer.

Fortunately the days of serious neglect and wilful brutality have receded, but there still exists an appreciable number of cases where minor degrees of cruelty and neglect arise often as the result of indifference or simply inadequacy on the part of the parents. Such cases must give rise to concern in the minds of a number of different groups of social workers : Children's Visitors, Health Visitors, Inspectors of the N.S.P.C.C., etc.—and are not infrequently complicated by insanitary and overcrowded housing conditions, or the frank mental backwardness or defectiveness of parents and/or children. In order to integrate all viewpoints, to consider the action most appropriate and the officer in whose particular sphere of influence the probable remedy lies, regular case conferences are held (at two-monthly intervals) and are attended by representatives of both statutory authorities and voluntary agencies which have the interests and welfare of children at heart. These conferences have been most valuable in enabling effective supervisory remedial measures to be undertaken.

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